

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034954

STATE FILE NUMBER

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 329

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Hurdland	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOUELLA NELLE SMITH			4. DATE OF DEATH Month Day Year Sept 27, 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 June 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) Knox County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles A Coy		13b. MOTHER'S MAIDEN NAME Matilda Louisa Botts	
14. NAME OF HUSBAND OR WIFE Edgar L. Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Edgar L. Smith Hurdland, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Unknown			INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-25-63 to 9-27-63 and last saw her alive on 9-27-63 Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. McVittie M.D.		22b. ADDRESS K.O.H.	
22c. DATE SIGNED 9-28-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 30 Sept 1963		23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	
23d. LOCATION (City, town, or county) Hurdland, Missouri		24. FUNERAL DIRECTOR ADDRESS HUDSON-RIMER FUNERAL HOMES Edina, Mo	
25. DATE RECD. BY LOCAL REG. Oct 11, 1963		26. REGISTRAR'S SIGNATURE Norse W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 17 1963

S. J. DEVITO, D.O.

Permit received Sept. 27, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jerry L. Davis

Licensed Embalmer No. 5216

P. O. Address Hurdland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.